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Follow-up to the World Summit for Social Development and the twenty-fourth special session of the General Assembly: review of relevant United Nations plans and programmes of action pertaining to the situation of social groups: modalities for review and appraisal of the Madrid International Plan of Action on Ageing

Statement submitted by International Longevity Center, a non-governmental organization in special consultative status with the Economic and Social Council**

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31 of 25 July 1996.

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I. Background

1. In response to resolution 54/262 of 16 June 2000, the International Longevity Center took active part in the work of the Second World Assembly on Ageing. Its participation included an address by Dr. Robert N. Butler to the plenary and his participation in the high-level round tables convened by the Government of Spain. Additionally, the Center, with its partners in Japan, the United Kingdom of Great Britain and Northern Ireland, France and the Dominican Republic, organized many side events on critical issues, namely, the status of older women, health disparities and inequalities in longevity, rights of older persons, the role of the media and the training of health professionals.

* E/CN.5/2003/1.

** The document was submitted late to the conference services without the explanation required under paragraph 8 of General Assembly resolution 53/208 B, by which the Assembly decided that, if a report is submitted late, the reason should be included in a footnote to the document.

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2. The Center was very pleased with the new thrust of the Madrid International Plan of Action on Ageing and the increased focus on developing countries. Implementation of the Madrid Plan is indeed a daunting task, and all stakeholders should strive towards more and coordinated efforts to implement it despite competing demands on limited resources. The Centre is addressing recommendations contained in the Madrid Plan through the activities described below.

II. Post-Madrid activities of the International Longevity Center

3. In paragraphs 82 and 83, the Madrid Plan again stresses the need for training of care providers and health professionals to meet the needs of older persons. Massive increases in the number of older persons would intensify the critical shortages of trained personnel, especially academic geriatricians (educators) and gerontologists. The Center has completed a publication entitled "Panel report on preparing health-care professionals for longevity and population ageing", which contains recommendations of a panel convened in Madrid. It will be distributed to Governments and other stakeholders for initiating both specialized and basic training in geriatrics and gerontology for health-care providers at all levels. For this purpose, at the global level, the International Institute on Ageing in Malta should be strengthened to meet the increased needs of developing countries.

4. Another area of importance is education and communication to raise public awareness of the varied aspects of population ageing. The Center organized an Age Boom Academy in Madrid for journalists, and it was replicated in New York in November 2002. The Center is interested in expanding this activity to developing regions to promote awareness and implementation of the Madrid Plan.

III. Implementation and appraisal of the Madrid Plan

5. A deep concern among many stakeholders is that the Plan did not go far enough in laying down a road map for implementing and reviewing the progress made in the years ahead. It is therefore gratifying to note that the Commission for Social Development is addressing this issue during its present session, under agenda item 3. In our view, implementation and appraisal should be considered two sides of the same coin and can be conducted simultaneously, and countries can lay down the necessary tools and indicators in advance. To be effective and successful, the following observations are offered.

A. Baseline indicators and database

6. General experience shows that there is inadequate availability of data on the varied dimensions of population ageing; such data are a prerequisite for an assessment and formulation of policies and, later, for monitoring. Except for core demographic indicators, information on other aspects of ageing is nil or deficient at the national level. The availability of data, including on demographics, is nil at subnational levels. It is therefore of utmost importance to set up and develop national capacity to create a benchmark database and make it available to all stakeholders within and outside the Government. Without the appropriate statistics,

both implementation and appraisal will suffer. A beginning should therefore be made using the recent population and housing census to develop a community-wide database on ageing, and the Secretariat should provide substantive guidance, uniform standards and technical support to countries.

B. Implementation priorities

7. The Plan calls for 189 actions in the ageing field. It is not feasible (or necessary) for countries to implement each of these recommendations. In this respect, it is a welcome development that regional meetings are taking place to arrive at regional priorities and strategies for implementation. Such diverse implementation will have complex implications for review and appraisal, which should be taken into account in considering the modalities for appraisal. Ultimately, the countries will decide the priorities for implementing the Plan, and countries should therefore be encouraged to commit themselves to undertaking the necessary review under a common frame of reference.

8. In respect of priorities, threats to longevity are presented by infectious diseases such as malaria and tuberculosis, which have not been completely eradicated, and with the spread of HIV/AIDS. Additionally, there remain disparities in health and longevity among and within countries, and these should be addressed effectively. In countries and areas where infectious diseases have been controlled, further increases in longevity will depend on the control and treatment of non-communicable diseases, which will call for infrastructure development, use of advances in medicine and trained health personnel. For these reasons, the implementation of actions relating to advancing health and well-being into old age should receive top priority in the national and regional strategies for implementation of the Madrid Plan.

C. Contributions of non-governmental organizations

9. The existence of many non-governmental organizations active in the field augurs well for the successful implementation of the Plan. Their contributions to implementing the Madrid Plan should be greatly welcomed and dovetailed with actions undertaken by Governments through proper coordination mechanisms and participation in decision-making at all levels. Coordination and cooperation among non-governmental organizations is necessary also to avoid duplication and to make effective use of the limited funds available.

10. Similarly, the research efforts of institutions and academia in support of the implementation of the Madrid Plan should be encouraged and utilized increasingly in policy formulation by countries. Also, non-governmental organizations may be technically well placed and therefore may be entrusted with, or co-opted to undertake, the review and appraisal of the Madrid Plan, which will also ensure an impartial and more rigorous approach to monitoring.

D. A new international agency — a "UNICEF" for older people

11. The International Longevity Center recommends the creation of a new international agency that would provide oversight, assistance and monitoring regarding implementation strategies. This new agency would be supported not only by Governments, but by industry, elements of civil society, such as unions, and all of us as individuals. Such a public/private partnership dedicated and funded by these partners is necessary to implement the Madrid International Plan of Action on Ageing.

IV. Conclusions

12. In order to reap the full benefits of the valuable volunteer efforts of civil society, a close collaboration and partnership need to be forged among all stakeholders, particularly government agencies and non-governmental organizations active in the field. Therefore, it is suggested that countries explore ways of expanding partnerships with non-governmental organizations, as well as of developing permanent mechanisms that will achieve greater effectiveness. At the international level, and particularly in the United Nations Secretariat, it is suggested that focal points liaise with non-governmental organizations, with research institutions that are involved in studies on various aspects of population ageing, and with the private sector. In regard to developing countries and countries with economies in transition, it is important to provide technical assistance and to help build national capacity to enable data development, research and monitoring. Regional seminars may be needed to arrive at a common framework and modality for review and appraisal of the progress in implementation by countries. Additional resources and designated staff are necessary to make concerted efforts in promoting implementation. Without such an effort, many in civil society are concerned that the momentum generated by the Second World Assembly on Ageing could be lost.